

Leading the way to an addiction free society

2003-2004 Annual Report



**ADDICTIONS
FOUNDATION
OF MANITOBA**

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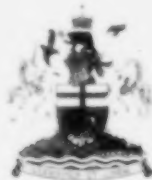
2003-2004 ANNUAL REPORT



DEMONSTRATING COMMUNITY PARTNERSHIPS

LEADING THE WAY TO AN ADDICTION FREE SOCIETY





MINISTER OF HEALTH

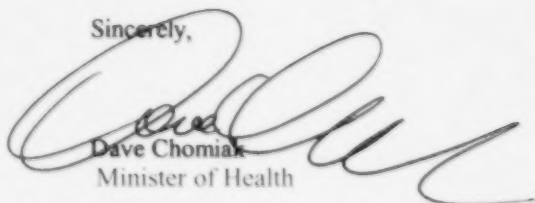
Room 302
Legislative Building
Winnipeg, Manitoba, CANADA
R3C 0V8

His Honour John Harvard
Lieutenant-Governor
Province of Manitoba

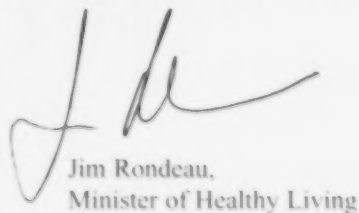
May It Please Your Honour:

We have the privilege of presenting herewith the Annual Report of the Addictions Foundation of Manitoba for the fiscal year 2003-2004.

Sincerely,



Dave Chomiak
Minister of Health



Jim Rondeau,
Minister of Healthy Living



ADDICTIONS
FOUNDATION
OF MANITOBA

FONDATION MANITOBAINE
DE LUTTE CONTRE
LES DEPENDANCES

The Honourable Dave Chomiak
Minister of Health
Winnipeg, Manitoba R3C 0V8

The Honourable Jim Rondeau
Minister of Healthy Living
Winnipeg, Manitoba R3C 0V8

Dear Ministers:

I have the honour of presenting herewith the Annual Report of the Addictions Foundation of Manitoba for the fiscal year 2003-2004.

Sincerely,

Jim Robertson
Chair
AFM Board of Governors

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Leading the way to an addiction free society

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CHAIR'S REMARKS



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I am pleased to present the 2003-2004 Annual Report for the Addictions Foundation of Manitoba (AFM). This report provides highlights of the organization's achievements, community activities and involvement.

As you will see in the report that follows, the AFM continues to be seen as a leader in the addictions field through new initiatives, partnerships and innovative programming.

This past year the Board of Governors continued to develop Board Policies related to Governance and conducted its first self-assessment. The results of this assessment will be used in future goal setting and decision making to continually strengthen and reinforce Board Governance and operations.

The Executive Policy Committee of the Board of Governors is involved in the Leadership and Partnership Team for the accreditation process, which commenced in March at the AFM. This team is evaluating the organization against national standards established by the Canadian Council on Health Services Accreditation (CCHSA) under Leadership and Partnerships.

On behalf of the Board of Governors, I would like to thank the staff of the AFM for their dedication and hard work, which makes it possible to provide programs and services that meet the needs of our ever-changing client population.

Jim Robertson

Chair,
AFM Board of Governors

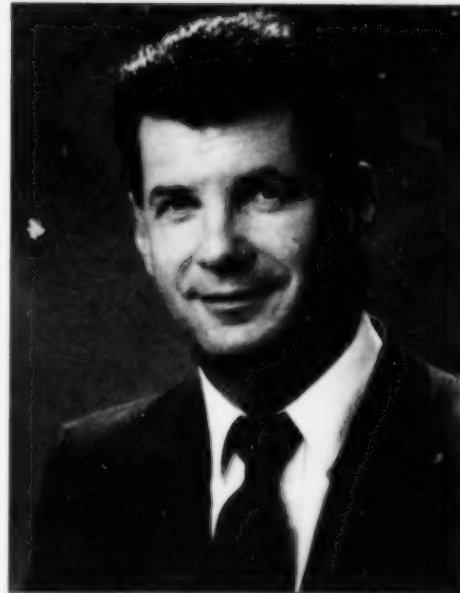
CEO'S REMARKS

The Addictions Foundation of Manitoba has been very active this past year pursuing opportunities to strengthen and enhance services to our customers and clients, the citizens of Manitoba.

AFM continues to work in partnership with many community and government organizations to provide a wide range of services to a broader audience in the areas of Rehabilitation, Prevention and Education, and Research. Our partners and projects are all listed in this report under the Corporate Highlights Section. Some notable efforts include: the expansion of our Methadone Intervention and Needle Exchange (*m.i.n.e.*) Program, continuance of our pilot projects with specific school divisions; enhancing our youth services to clients involved with Manitoba Justice; expansion of our youth residential program (Compass); and the continued implementation of our Co-occurring Disorders Initiative (CODI) on a provincial basis.

We have endeavoured to become transparent to the public by increasing the amount of information and resources we make available through our library services, in publications, newsletters, media releases and interviews.

AFM has a corporate commitment to be accountable to our community and continues to work on the development of indicators to better measure our progress in achieving the organization's goals. AFM has embarked on the road to becoming accredited by the Canadian Council on Health Services Accreditation (CCHSA) for Substance Abuse and Gambling by early 2005. National



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standards established by CCHSA will be used to evaluate AFM services and to find ways to better their quality.

In closing, I would like to take this opportunity to congratulate AFM employees on their commitment to provide our customers and clients with the best possible services.

John Borody

Chief Executive Officer,
AFM

BOARD OF GOVERNORS

The AFM Board is comprised of 15 Manitoba community members appointed through an Order in Council by Government. Executive Policy Committee (EPC) is an elected sub-committee of the Board of Governors. With the exception of the Board Chair, who is appointed by the Minister of Health, membership on EPC is determined by elections held on an annual basis.

The Board operates under the guidelines set out in the AFM Act and By-Laws. The Board of Governors approved a formal Board Policy Development Process, which provides a framework for the development of new, and the review of existing, board policies. The Board of Governors works to develop policies

as required, to meet the requirements of their legislated mandate.

This past year the Board of Governors developed and approved the following new policies:

BG003 – Board Job Description

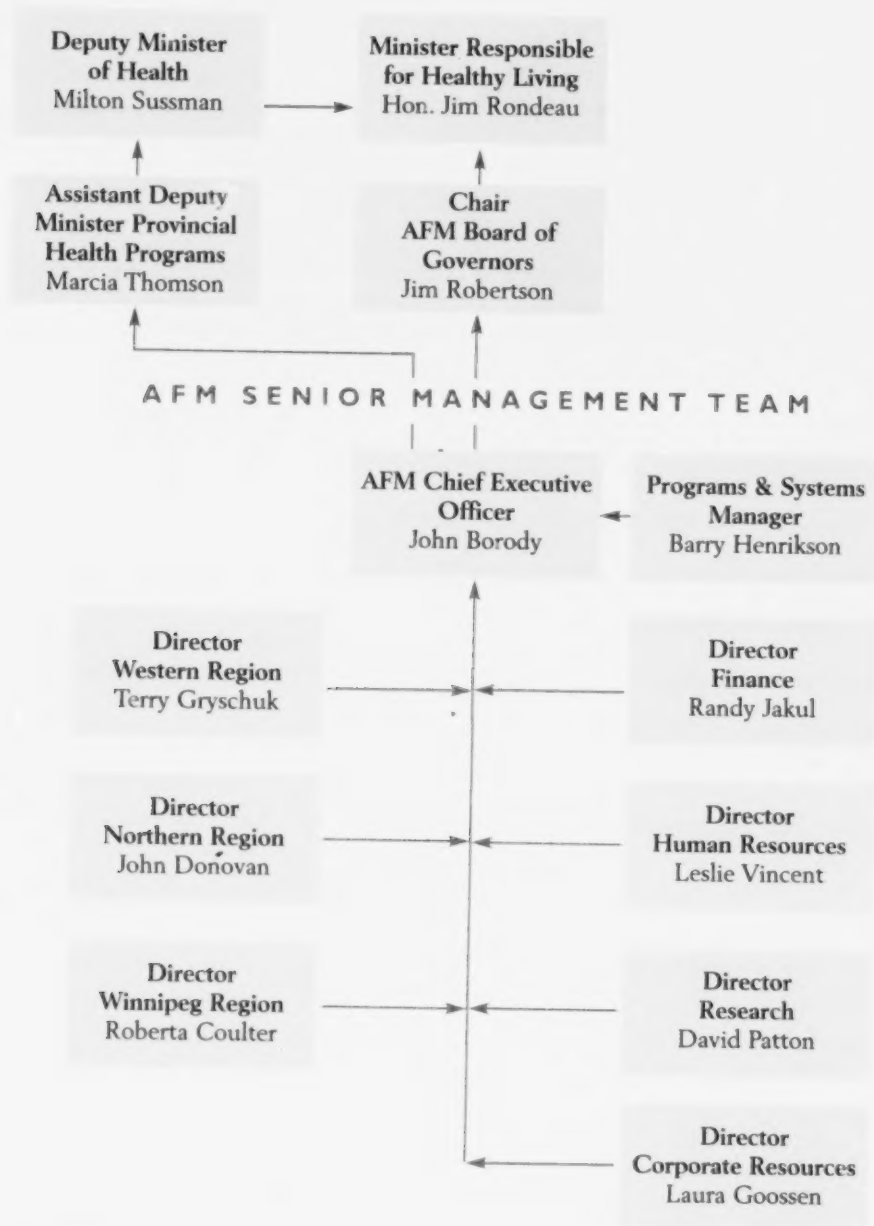
BG004 – AFM Board of Governors
Self-Assessment

The Board of Governors completed its first Self-Assessment questionnaire in late 2003. The results of the survey will be used in future goal setting and decision making to continually strengthen and reinforce Board Governance and operations. The Board Self-Assessment will be conducted on an annual basis as provided for in BG004.



First row (left to right): Lanette Bowman, Mildred Guiboche, Jim Robertson (Chair), Marilyn Cottyn, Bob Crighton. Second row (left to right): Larry Muirhead, Vicky Yakemishin, Dorothy McLoughlin, Stephen Edwards, Bonnie Kocsis, Boyd Kramble, Randy Porter, Adele Larson. Missing: Michelle Cizik, Flora Zaharia.

AFM ORGANIZATIONAL CHART 2003-2004



As of March 31, 2004

VISION, MISSION AND CORE VALUES

Vision

Leading the way to an addiction free society

Mission

To contribute to the health and well being of Manitobans by reducing the harm associated with alcohol, other drugs and gambling through education, prevention, rehabilitation and research.

Core Values

- We respect the dignity of each individual.
- We are guided by ethical standards and integrity.
- We are client centered in our service.
- We endorse relationships with the self help community.
- We contribute to the development and sustainability of healthy communities.
- We encourage partnerships with other organizations.
- We promote continuous improvement, lifelong learning, research and best practice.
- We support early intervention and harm reduction.

STRATEGIC DIRECTIONS

The AFM has developed the following corporate goals in support of its strategic directions. These goals guide the agency's management, planning and operational activities.

STRATEGIC DIRECTION:

Balancing Resources to Identified Needs

- To continue the renewal of adult rehabilitation programs.
- To enhance services for Manitoba youth in response to the *Youth Substance Use Needs Assessment Report*.
- To develop and enhance partnerships and collaborative working arrangements to ensure a continuum of service.
- To continue building capacity in the community through prevention and education.

STRATEGIC DIRECTION:

Enhancing Clinical Processes

- To have program development and improvement guided by outcomes and best practice.
- To determine the feasibility of providing clinical supervision.
- To better align service standards, clinical staff development and clinical practice.
- To welcome and respond to persons with co-occurring mental health and substance use and / or gambling issues.



STRATEGIC DIRECTION:

Affirming and Building on our Unique Identity

- To continue leadership in the addictions field.
- To increase public awareness of the range of AFM services.
- To define the role of self help in AFM programs.
- To build on provincial and national collaborations.

STRATEGIC DIRECTION:

Fostering a Healthy Work Environment

- To be an employer of choice.
- To develop a respectful workplace program.
- To continue to promote employee health and well being.

STRATEGIC DIRECTIONS IN ACTION

AFM continues to be seen as a leader in the addictions field and builds on this role as it achieves the goals related to the Strategic Directions. This section highlights some of the programs and projects that AFM is involved with as they relate to the Strategic Directions. In this fiscal year, AFM's leadership has been demonstrated in many initiatives and partnerships as the agency continues to provide a variety of diverse services to Manitobans.

Strategic Direction: Balancing Resources To Identified Needs

Goal: To develop and enhance partnerships and collaborative working arrangements to ensure a continuum of service.

PARTNERSHIPS

The AFM is dedicated to developing partnerships and collaborative working relationships with community groups in order to ensure a continuum of service for Manitobans related to rehabilitation, prevention, education and

research. The following table identifies some of AFM's major partnerships as they relate to specific service areas. Although it provides key examples, it is not an exhaustive listing of all the collaborative efforts that occur.

→ AREA: REHABILITATION

Partner	Activity
Manitoba Health & Provincial Regional Health Authorities	Co-occurring Disorder Initiative
Manitoba Adolescent Treatment Centre	Co-facilitation of early psychosis groups
HSC/Addiction Unit	Co-facilitation of patient groups
Winnipeg Child & Family Services	Clinical consultation on client substance use
Family Services	Outreach rehabilitation, training of CFS staff
Manitoba Justice/Youth Corrections	On-site Community Addictions Worker, Community Justice Project (Brandon and Winnipeg)
School Divisions throughout the province	RNYIS/On-site Rehab Counsellors/SAP meetings, case conferencing, early intervention planning
Division and Driver Vehicle Licensing & MPI	Impaired driving
MPI	Impaired driving
Manitoba Justice (Winnipeg & Thompson)	Community Youth Group & Coming To Terms
Ste. Rose Health Unit/Clinic	Provides training for medical students; detox for individuals; provides sessions for clients in rehabilitation
Various Churches in Ste. Rose	Provides information to clients during spirituality sessions
Safe Haven Women's Resource Centre – Flin Flon and Thompson Crisis Centre	Provides group sessions to women on family and affected issues

CORPORATE HIGHLIGHTS

Rehabilitation Continued

Partner	Activity
Nanatowiho Wikamik Homeless Shelter – Thompson	Provides staff training and involved in Co-occurring Disorder Initiative
Nunavut Health and Addictions Services	Provides primary referral resource to Nunavut clients requiring residential rehabilitation services
Futures Parenting Program and Babies Best Start (Thompson)	Provides cooperative delivery of family information and awareness programs on affected issues to parents and expectant parents
Northern and Aboriginal Population Health and Wellness Institute (64 partnering agencies)	Provides ongoing leadership on the steering committee developing the project and its infrastructure

→ AREA: PREVENTION AND EDUCATION

Partner	Activity
Manitoba Health	Youth Advisory Council on Tobacco
School Divisions	Middle Years AOD Curriculum and Counselling Program
Manitoba Hydro, Manitoba Blue Cross, Manitoba Transportation & Government Services, Canadian Pacific Railway	Pathways To A Healthier Workplace conference
Manitoba Liquor Control Commission, Manitoba Tourism & Education Council, MPI, Winnipeg Police, Pattison	Responsible Beverage Service Committee
Winnipeg Police, RCMP, Manitoba Hydro	Manitoba Addictions Awareness Week
Parkland RHA, RCMP, EMS, Dauphin Fire Department, Mountainview School Division, Frontier School Division, Manitoba Brain Injury Association	P.A.R.T.Y. (prevent alcohol and risk related trauma in youth)
Mountainview School Division, Family Services & Housing, Culture Heritage & Tourism	Parkland Healthy Child Coalition (preparing children in the Parkland to make healthy lifestyle choices)
Waponohk Community School – Thompson	Provides family support worker within the FAST (Families And Schools Together) program in areas of addictions services and awareness
Inter Agency Network – Thompson	Provides leadership coordinating initiative to enhance networking among community service deliverers
Frontier School Division	Provides training and ongoing support to all Frontier School counsellors in developing the Peer Support Program in their schools

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→ AREA: RESEARCH

Partner	Activity
St. James Assiniboia & Brandon School Divisions	Early prevention interventions
Manitoba Lotteries	Casino/prevention pilot project
CCSA	National Adult Drug and Alcohol Prevalence Survey
Manitoba Health	Pregnant and Addicted Women Service Inventory
University of Manitoba	AFM Staff Faculty of Graduate Studies Committees in Family Studies, Education and Nursing
Community/University Research Alliances	Older Adults' Substance Use and Wellness

CORPORATE HIGHLIGHTS

NORTHERN INTERAGENCY COLLABORATION IDENTIFIES SERVICE GAPS

Thompson AFM participated in a "community development project" that culminated with an interagency collaboration meeting hosted at Polaris Place. Sixty-four participants representing 29 agencies completed a day-long think tank to address the service gaps in Thompson and to identify the solutions to unmet needs in human services through better working relationships and collaborative partnerships.

THE TOBACCO LEARNING RESOURCE INITIATIVE

This initiative was launched in the fall of 2003, wherein Manitoba Health provided AFM with funding to develop tobacco learning resources targeted to students from Kindergarten to Senior 4. The Department of Education and Youth is a key partner in this initiative. The new learning resources will be tailor-made for Manitoba and piloted in the fall of 2004.

Goal: To enhance services for Manitoba youth in response to the Youth Substance Use Needs Assessment Report.

PREVENTION AND INTERVENTION PROGRAMS IN THE SCHOOLS

The prevention and early intervention work that has been undertaken at Sturgeon Creek Collegiate and in the St. James-Assiniboia School Division has found clinically significant impacts. In addition to supporting a rehabilitation counsellor in Sturgeon Creek Collegiate, the Division has also collaborated with AFM to develop the role of this counsellor to provide prevention and education services in St. James-

Assiniboia's middle schools. This includes the delivery of a prevention program to Golden Gate and Bruce Middle Schools. Evaluation results indicate that students learn the material and are able to remember the information at the end of the school year, which in some cases was almost six months later. Moreover, students in the grade 7 classes who did not receive the program were more likely to use alcohol or marijuana at the end of the school year than students in the groups who received the program. Since the effects on use were not found in the grade 8 students, the younger group may be a more appropriate target for this type of programming. Overall, the results suggest that prevention through education is an effective means of delaying the onset of substance use. Longer-term impacts of the program will be evaluated in a follow-up evaluation project.

CLINICAL SERVICES IN THE SCHOOLS

In addition to providing the prevention curriculum to grade 7 and 8 students, the counsellor worked to build the capacity of school staff and the community to deal with adolescent alcohol and other drug issues. Presentations were made to staff, interested parents and all of the Senior 1 and Senior 2 students. School staff showed that they learned the material and were much more confident in their ability to deal effectively with student alcohol and other drug issues. Students who attended the information workshops also showed knowledge gains. Parents showed knowledge gains and identified the need to continue to communicate with their children about alcohol and other drug issues. Clinical services were also provided on-site. This counselling was evaluated by both self-report measures (pre-and

post-test) and file reviews. The results overwhelmingly support the positive impact of the program. Many of the students who were seen in the clinical context reduced their harmful involvement by the end of the school term.

YOUTH INTERVENTION PROGRAMS WITH MANITOBA JUSTICE

During the past year in Winnipeg and Brandon, AFM continued to share the costs of providing Youth Community Addictions Workers in partnership with Manitoba Justice. These workers' main functions included seeing youth for assessment of their involvement with addictive substances, running addictive substances awareness groups, case planning and consultation. As part of this project, the AFM has offered addictions related courses to Justice Staff, and Justice has offered courses to AFM Staff. An outcome study is being conducted on this partnership project to demonstrate its value to youth, as well as to AFM and Justice Staff.

Strategic Direction: Enhancing Clinical Processes

Goal: To have program development and improvement guided by outcomes and best practice.

METHADONE INTERVENTION AND NEEDLE EXCHANGE (*m.i.n.e.*)

In the fall of 2003, the AFM renovated space at 7-25 Sherbrook Street for the establishment of an expanded program called Methadone Intervention and Needle Exchange (*m.i.n.e.*). The location of *m.i.n.e.* is ideal because of its proximity to the majority of clients using it. It is on a major bus route and

benefits from being close to other agencies that can provide helping service to the clients. The space has group rooms, offices, clinic space and counselling rooms.

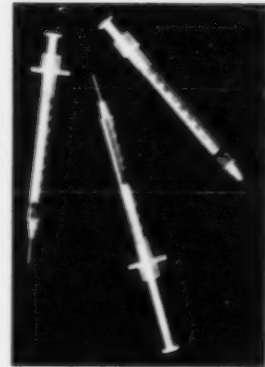
The program offers:

- community counselling
- needle exchange
- increased linkages to Public Health through the needle exchange portion of the program
- partnerships with community pharmacies

Two part-time physicians, two psychiatric nurses, one registered nurse, one counsellor and a receptionist staff the program. *m.i.n.e.* is currently servicing about 100 methadone clients. The average length of stay is two years.

m.i.n.e. strives to provide individualized, client-centered care in a nonjudgmental, non-intrusive manner. A caring, open and respectful attitude is presented to all individuals accessing the service. *m.i.n.e.* embraces the harm reduction approach in the treatment of opioid dependent individuals, and it endorses the Best Practices principles.

The harm reduction philosophy is a key aspect of *m.i.n.e.*. Harm reduction aims to reduce or eliminate the harmful consequences of drug use without necessarily requiring an individual to stop using altogether. This approach accepts that drug use is going to happen and works to minimize its harmful effects using a variety of strategies. Harm reduction programs and activities help people



CORPORATE HIGHLIGHTS

to change so that their lifestyle becomes safer and healthier. With harm reduction as a guiding principle, *m.i.n.e.* looks at substance use as existing on a continuum, with the rate of use related to the severity of problems or consequences associated with it. Abstinence may be a long-term goal, but any movement along the continuum is lauded because it results in a decrease in personal and societal harm.

The goals of *m.i.n.e.* are:

- To reduce the harmful use of opiates, thus improving the health of users.
- To provide a doorway through which clients can access other services, including health care services, rehabilitation programs and housing programs.
- To reduce the spread of infectious diseases, such as HIV/AIDS and Hepatitis B and C.
- To reduce the crime rate associated with opiate use.
- To improve the social functioning of those accessing the program. This includes employment status and the quality of personal relationships.

An important part of *m.i.n.e.* program activities is connecting with other community organizations to develop partnerships and to promote awareness of opiate addiction and the possibilities for rehabilitation. Methadone treatment is intended both as a harm reduction technique and as a gateway to other services.

To date, *m.i.n.e.* has developed partnerships with:

- Hospitals
- Winnipeg Regional Health Authority
- Substance Use and Rehabilitation Resources

- Community Clinics
- Pharmacies
- Physicians
- Social Service Agencies
- Employment and Education Services
- Manitoba AIDS Strategy
- Public Health
- Correctional Services

PARKWOOD RESIDENTIAL GAMBLING PROGRAM

The Parkwood Residential Gambling Program, located in Brandon, Manitoba, is the first of its kind in Canada. This 14-day program offers a specific residential milieu that is designed to facilitate a positive change process for problem gamblers.

In the first full year of its operation, the Parkwood Program admitted 52 clients, with 45 of them completing the Program. Problem gamblers are known as a difficult group to treat. They often delay seeking help until they are in crisis, and they often return to their habit once the crisis has been alleviated. The groups that attended in the early stages of this program had severe gambling problems, as identified by their high scores on the South Oaks Gambling Screen. Many of them had been for treatment for gambling and other addictions in the past, often with poor results. While tests of critical knowledge gain, self-reports and anecdotal evidence are all suggestive of positive change in the problem gamblers who attended this program, research will be available in the summer of 2004 that will further determine its value.



TELECONFERENCE COUNSELLING

The vastness of the Northern Region – all of Manitoba north of the 53 parallel – is a challenge that has been met with ingenuity and technology. The demand for itinerant service with limited staff resources lead to

the use of "teleconference" counselling and assessments in the region. Through use of the video conference site in Gillam, clients have been receiving regular and in person counselling in their own community. Similar "telehealth" sites will be used in Lynn Lake and Leaf Rapids as a primary service.

Goal: To welcome and respond to persons with co-occurring mental health and substance use and/or gambling issues.

CO-OCCURRING SUBSTANCE USE AND MENTAL HEALTH DISORDERS INITIATIVE (CODI):

The need to address clients who have both a substance use problem and a mental health problem was initially done through a major joint initiative of the Winnipeg Regional Health Authority, Manitoba Health and the AFM. It was recognized that both disorders can be primary, with both needing rehabilitation planning that accounts for issues to be addressed in both mental health and addiction domains. CODI is a fundamental system change, not just a project or program. A service model

known as Continuous, Comprehensive, Integrated System of Care (CCISC) has been adopted. A number of significant milestones have been achieved in the second year of a three to five year project. Following are some of the achievements:

- In the area of training: Manitoba Health provided funding to develop two separate courses targeted to professionals working with clients who have co-occurring disorders. The Level I course focuses on building participants' knowledge related to Co-occurring disorders, and the Level II course focuses on building and applying skills to work with target clients.
- The CODI Interagency Network, which is largely comprised of CODI trainers from the Winnipeg area, meets regularly to provide a forum for mental health and addiction clinicians to share information about tough cases they encounter and to engage in collective and multi-disciplinary problem-solving.
- AFM has posted CODI information on the AFM website under the section on partnerships.
- The CODI initiative is being rolled-out provincially. The Provincial Leadership team includes a representative from each of the eight Regional Leadership teams. Each of the Regional Health Authorities identified trainers and managers, totalling approximately 60 people, to participate in the initiative, and an initial three-day training was held in November 2003.
- Instruments for Addictions and Mental Health screening have been developed and will be piloted.

CORPORATE HIGHLIGHTS

Strategic Direction: Affirming And Building On Our Unique Identity

*Goal: To continue leadership in the
addictions field.*

MIDDLE YEARS GAMBLING EDUCATION PROGRAM

Prevalence studies continue to indicate that youth are at a greater risk to develop gambling problems and have a higher incidence of problem gambling than adults.

With this in mind, AFM staff completed the development of a fun and interactive education program for grade 7 and 8 students. Youth were involved at an early stage of the program development of "Its Your Lucky Day," which is a multi-media presentation facilitated by AFM gambling program staff. The program informs students about how gambling works and the potential risks involved. A complementary website (www.luckyday.ca) was also developed as an additional resource for students wanting more information. Manitoba Lotteries Corporation funded the project. It's Your Lucky Day will be widely available beginning in the fall of 2004.

The goals of the program are:

- To provide factual and reliable gambling information to middle years students to assist them in making informed decisions about gambling.
- To prevent possible harm from youth involved in gambling.

An article about It's Your Lucky Day was published in the newsletter of the International Centre for Youth Gambling at McGill

University. This newsletter is sent to more than 600 professionals, researchers, clinicians, and industry and government officials from around the world.

NORTHERN REGIONAL ADVISORY BOARD

In the past, the Northern Regional Advisory Board membership had been limited to only Thompson residents, although the mandate was to advise on addictions services in the north. The Advisory Board is now composed of fifteen members, with representation by conference call at meetings from South Indian Lake, Gillam, The Pas and Flin Flon along with ten members on site from Thompson, including one student member from the high school.

*Goal: To build on provincial and
national collaborations.*

CANADIAN HEALTH NETWORK (CHN)/ LE RÉSEAU CANADIEN DE LA SANTÉ (RCS) (<http://www.canadian-health-network.ca/>)

CHN is a national, bilingual, Internet-based health information service that provides access to timely, reliable and authoritative health information for Canadians. The CHN operates as a national partnership between Health Canada, other departments of the federal government, provincial and territorial governments, libraries, universities and more than 700 non-profit organizations. Over the past year, AFM maintained its high profile within the Substance Use/Addictions Affiliate (topic area), which is headed by the Canadian Centre on Substance Abuse (CCSA).

Recently, AFM supported the CCSA in its successful bid to retain the responsibility

for the Substance Use/Addictions section of CHN as part of a network-wide "Call for Proposal (CFP)" Exercise. As a result of this process, AFM now assists CCSA in the development of an addiction-related document collection that encompasses tobacco, as well as topics for the Substance Use/Addictions area. In the fifth year of this partnership, AFM continues to participate in the expansion of the CHN database to 15,000 electronic resources and in the marketing and promotion of CHN.

CANADIAN ADDICTIONS SURVEY (CAS)

The CAS is a major national survey of Canadians' attitudes, beliefs and personal use of alcohol and other drugs. It is a collaborative initiative sponsored by the Canadian Executive Council on Addictions (CECA), which includes the Canadian Centre on Substance Abuse (CCSA), Alberta Alcohol and Drug Abuse Commission (AADAC), the Addictions Foundation of Manitoba (AFM),



the Centre for Addiction and Mental Health (CAMH), PEI Mental Health and Addictions, and the Kaiser Foundation of British Columbia, as well as the Provinces of Nova Scotia, Ontario,

Manitoba, Alberta and British Columbia, and Health Canada.

Telephone interviews were conducted between December 2003 and April 2004. The sample of Canadian residents 15 years of age and older was compiled from a random selection of telephone numbers. The CAS sampled a minimum of 1,000 respondents per province, with some provinces providing additional funds to augment the sample size.

The CAS is designed to provide a detailed assessment of how Canadians use alcohol and other drugs, as well as the impact of that use on their physical and mental health. The survey also polls Canadians on their attitudes toward measures to control drug use and on their beliefs about the availability of drugs and the risks associated with use.

CANADIAN CENTRE ON SUBSTANCE ABUSE & HEALTH CANADA

AFM staff have participated in a National Survey conducted by the Canadian Centre on Substance Abuse and Health Canada. Other participants include staff from CAMH (Toronto), AADAC (Alberta) and the Kaiser Foundation (British Columbia). The survey addresses workforce development in the field of substance abuse treatment and will form the bases of a broad, on-going action on training and workplace issues in Canada.

CCENDU (CANADIAN COMMUNITY EPIDEMIOLOGY NETWORK ON DRUG USE)

CCENDU was established in response to a 1995 feasibility study that identified the need for a Canada-wide surveillance system on substance use. Spearheaded by the Canadian Centre on Substance Abuse (CCSA)

CORPORATE HIGHLIGHTS

and guided by a steering committee, CCENDU is a collaborative project involving federal, provincial and community agencies with intersecting interests in drug use, health and legal consequences of use, treatment and law enforcement. Now in its seventh year in Winnipeg, CCENDU continues to report relatively consistent trends in the use and abuse of alcohol and drugs. Increased availability of these substances is indicated by the large seizures reported by law enforcement agencies, and treatment and prevention programs have expanded as necessary to deal with a variety of client needs.

Strategic Direction: Fostering A Healthy Work Environment

Goal: To continue to promote employee health and well being.

AFM has contracted to develop a comprehensive safety and health program for the agency in order to ensure compliance with provincial legislation and collective agreements. The process involved AFM Directors, Human Resources and MGEU representatives, with a target completion date of the end of June 2004. Also, consistent with a memorandum of understanding in the new collective agreement, the AFM is in the process of preparing a respectful workplace policy.



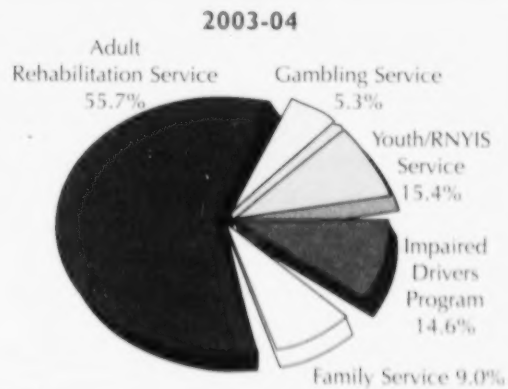
AFM SERVICES OVERVIEW

AFM continues to provide a variety of diverse services to Manitobans as evidenced in this section. Some of these services have been regularly provided over the years, others have been enhanced, and yet others have been introduced for the first time. All of them contribute to implementing best practises in addictions and link to the new Strategic Directions that AFM has developed.

Rehabilitation Services

ADULT REHABILITATION SERVICES

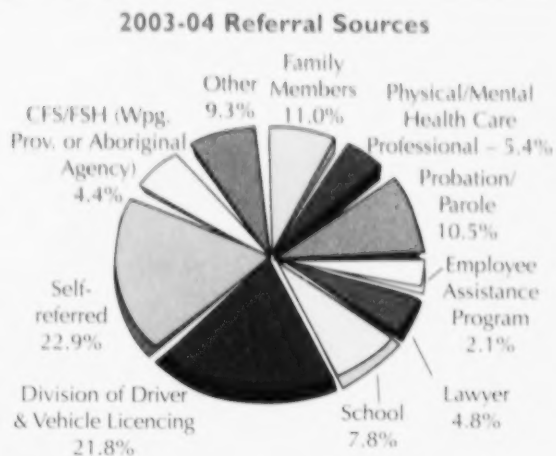
Five core adult rehabilitation services are available throughout the province. This fiscal year, 9,788 individuals were involved in 15,576 program admissions.



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Referral Sources

The chart at right demonstrates the various organizations that refer clients to AFM.



Based on 7,242 cases for 8,112 responses. Multiple responses are allowed. Based on Core Intake and Youth Intake.

AFM SERVICES OVERVIEW

Adult Rehabilitation Services

The AFM has the largest and most diversified complement of rehabilitation programs in the province for adults with alcohol, other drug use or gambling problems. A total of 4,861 individuals participated in Adult Rehabilitation programs in 2003-2004.

Problem Gambling Services

AFM provides services to both gamblers and their families. The program provided service to 523 problem gamblers and to 86 family members. A 1-800 help line allows 24 hours a day, seven days a week, contact with AFM staff. A total of 3,136 calls were handled in 2003-2004. These calls addressed issues for those individuals experiencing problems with their gambling as well as those affected by problem gamblers.



Responsible Gaming Information Centre

The Responsible Gaming Information Centre continues to be an important source of information for gamblers at McPhillips Street Station Casino. AFM staff provided on-site guest education, support and referral for gambling related problems to 394 casino patrons in the past year. Approximately 2,800 other guests visited our "Open Houses" for information on how slot machines and other forms of gambling work. The Centre is proving to be so successful that consideration is being given to expanding it to Club Regent Casino.

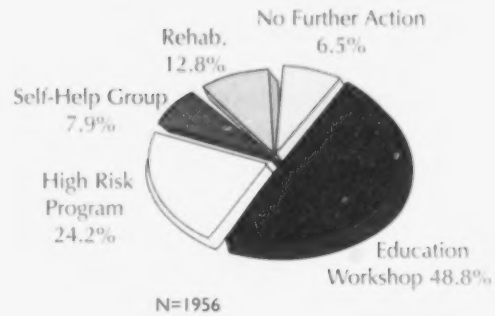
*T*he Addictions Foundation of Manitoba has the largest and most diversified complement of rehabilitation programs in the province.

AFM SERVICES OVERVIEW

Impaired Drivers Program

AFM's Impaired Driver's Program is an excellent example of a cost recovery harm reduction program. It has been recommended as an effective model for intervening with both first time and repeat offenders. This year, 2,239 offenders accessed the program. The chart at right identifies the referrals which were made.

Impaired Drivers Program Referrals: 2003-04



Family Services

Substance abuse and problem gambling can have devastating results for families. A varied group of programs are offered to assist and support families. These services are available to family members, whether or not the member experiencing addiction problems is receiving service.

In 2003-2004, AFM worked with 804 family clients.

The Northern Region expanded to include a "Family Program." Each office now offers a full spectrum Family Program, including information sessions, awareness groups and one to one counselling and outreach.

YOUTH REHABILITATION SERVICES

Issues related to providing services for youth are different from adults. Adolescence is a unique stage of life, and special consideration is given to meet the needs of this target group. The AFM effectively responds by providing a range of rehabilitation services, guided by best practices, targeted to the unique needs of Manitoba's youth.



AFM SERVICES OVERVIEW

Youth Community Based Rehabilitation Services

This program offers a range of individual and group counselling sessions to youth 12 to 18 years inclusive. Partnerships have developed between the AFM and the Departments of Justice and Family Services that have resulted in the AFM being better able to respond to the needs of hard-to-reach youth. The Strengthening Families Initiative project continues to offer services to adolescents and their families through the availability of an on-site family therapist in Winnipeg. Bilingual services are also available in the Winnipeg area.

Rural and Northern Youth Intervention Strategy (RNYIS)

RNYIS initially began as a program to provide on-site education/assessment and counselling service to students in 23 rural and northern schools. AFM has expanded this program to 35 schools. In addition to these sites, 19 more schools received on-site counselling services for their students in the city of Winnipeg through two pilot projects. The AFM also partnered with specific Middle Years Schools in Winnipeg, Brandon and Portage La Prairie to pilot two comprehensive alcohol and drug curriculums to students in Grades 5 through 8.

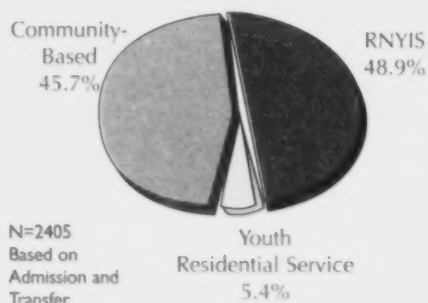
The AFM hosted an Inter-Provincial Conference on Youth and Cannabis to provide up-to-date information about the effects of Cannabis on adolescent development. Representatives from Ontario, Saskatchewan, Alberta and British Columbia joined the AFM in exploring and developing effective prevention and rehabilitation messages for youth.

Compass Residential Youth Program

Compass is an eight-week rehabilitation program for adolescents 13 to 17-years-old who are experiencing significant problems with their use of alcohol or other drugs. A licensed child care facility located near Portage La Prairie, Compass offers a safe and therapeutic environment for young people who recognize that their drug use is a primary problem and who want to make changes but have been unable to do so with the resources available to them in their community.

Compass offers young people a full range of programming, including group and individual counselling, leisure education, recreation, learning program, health education, exposure to self-help supports and family support. Youth clients work with a multi-disciplinary team that includes counsellors, nurses, youth care workers, a learning coordinator and leisure consultant. Clients have access to on-site medical and psychological services.

**Youth/RNYIS Services
Admissions: 2003-04**



Prevention and Education

CHARTING A NEW PATH

A wide variety of prevention and educational services are provided across the province. In 2003-2004, AFM staff delivered 4,249 prevention/education activities that were attended by 56,900 individuals for an average of 27.5 participants per activity.

The newly created Prevention Planning Team has been reviewing current research and literature on prevention trends in addictions to achieve the goal of providing a progressive vision of prevention across the agency. The new path will bring a focus to prevention and education in all program areas and levels across the AFM.

ADULT EDUCATION SERVICES

Province-wide, AFM provided standardized, non-standardized and customized training to the community at large.

A total of 32 standardized courses were offered to 435 participants. As well, non-standardized courses, such as Alcohol Related Birth Defects and Stages of Change, were offered to 114 participants. Custom designed training was offered to staff from other government departments, including Corrections, Child & Family Services, City of Winnipeg Corporate Services and Police Services, Manitoba Hydro and Manitoba Lotteries. In addition, a number of Workplace Services workshops were offered to private and public organizations.

THE EDUCATOR SERIES

The Prevention Education Consultants from the Youth Unit provided a series of nine workshops dealing with a variety of topics for educators and other youth allied professionals. The series of workshops are called "The Educator Series" and are marketed to guidance counsellors at schools within Winnipeg as well as partner schools within Winnipeg Region and to all youth serving agencies within Winnipeg. In total, about 200 people participated in these nine workshop this past year.



*C*urrent research and literature on prevention trends in addictions are being reviewed to achieve the goal of providing a progressive vision of prevention across the agency.

AFM SERVICES OVERVIEW



Research

The role of Research is to both evaluate current AFM programs and pilot projects and to encourage research that will provide AFM with insight into the issues related to alcohol, other drugs and gambling. As part of evaluating AFM programs, the following projects were completed in this fiscal year by Research:

- A preliminary evaluation of the Brandon Residential Rehabilitation Program for gamblers.
- Evaluation of the implementation of the Resource Centre at the McPhillips Street Station Casino.
- A review of the AFM gambling helpline.
- A preliminary evaluation of the youth corrections pilot project in Winnipeg.
- An evaluation of the River East/Transcona School Division project.
- A report for the University of Manitoba and the University of Winnipeg on drinking and drug use in post-secondary students in Manitoba.
- A preliminary evaluation of the AFM Outreach Program for Family Services.

Presentations were made at the National Conference on Problem Gambling in Las Vegas and at the Youth and Cannabis Conference in Winnipeg. The Director has also participated in the development of the National Addiction Survey, conducted with Health Canada and a number of provincial contributors. The unit has also been involved at the national level through the production of a Winnipeg site report for the Canadian Community Epidemiology Network on Drug Use (CCENDU), and a presentation was made at the National CCENDU meeting in the fall.

Corporate Resources

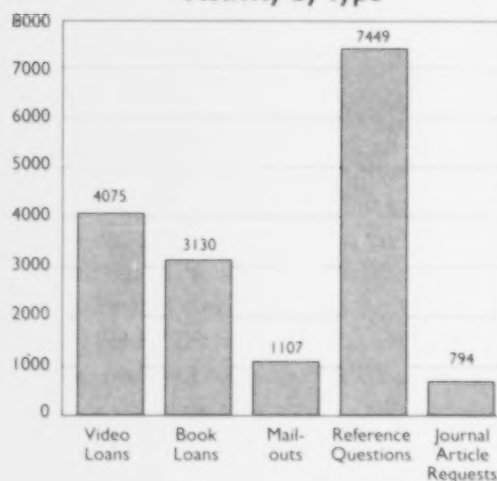
Corporate Resources provides services to reduce the harms associated with addictions through education, the innovative development and the effective delivery of information, and community mobilization. The following section describes a variety of services provided.

WILLIAM POTOROKA MEMORIAL LIBRARY

AFM Library provides Manitobans from all walks of life and from all parts of the province with resources and services that can assist with personal/family challenges, educational programming, health care/social service provision, workplace issues and prevention/rehabilitation program development, support and enrichment. The Library provides free, province-wide access to over 5,620 books, 90 audiotapes, 930 videos, kits and CDs, and 95 professional/academic journals and newsletters, and it operates as the distribution centre for AFM publications. Strong demand for resources/services continued in 2003-2004, with 7,205 resources circulated, 7,449 reference questions answered, 794 journal article and inter-library loan requests filled and 1,107 information/orientation packages distributed, including brochures, booklets, reports, bibliographies and fact sheets.

This year the Library achieved its highest level of use, with 10,441 customers served. Over 80% of the 10,435 Manitobans registered as borrowers are members of the public, and the user group continued to grow this year

2003-04 Library Service Activity by Type



with the addition of 635 new Library patrons. An active outreach program, which promotes Library resources and services, provided 19 customized in-depth Library orientations to specialized groups and reached thousands of potential customers through 12 conference and workshop presentations/displays.

Library service highlights include: operating/promoting a public access Internet site as part of the Community Connections Program; and developing and publishing the Manitoba Addictions Awareness Week (MAAW) resource kits and web site content in English and French.

AFM SERVICES OVERVIEW

INFORMATION TECHNOLOGY (IT):

Stabilization and continued expansion of the IT network and the agency's electronic information provided the main focus during the year. Key activities included stabilizing our existing network and replacing the Legacy Database system that houses AFM's data. In the area of protection and security of electronic information, a Disaster Recovery Plan was developed, as well as a Vulnerability Assessment of our IT system.

AFM WEBSITE

During the past year, AFM has periodically monitored the use of its website. The results show that users are from all over the world. Although the primary users are from Canada (mainly Manitobans), the site has been accessed from the United States, France, Australia, the United Kingdom and Asian countries. With such a wide audience accessing the website, every effort is made to provide resources in other languages to address the diverse needs of communities. AFM is dedicated to keeping its website current and to providing links to other relevant sites to address the needs of the users.

The most popular downloaded files were:

- The Gambling Reports.
- *Preparing For Change*, which includes all the languages: English, Filipino, Chinese and French.
- The resource materials posted by the Manitoba Addictions Awareness Committee.
- The FastFacts series: *FastFacts on Gambling* and *FastFacts on Alcohol*.
- Other popular files are those relating to AFM's philosophy, such as the biopsychosocial model.



AFM SERVICES OVERVIEW

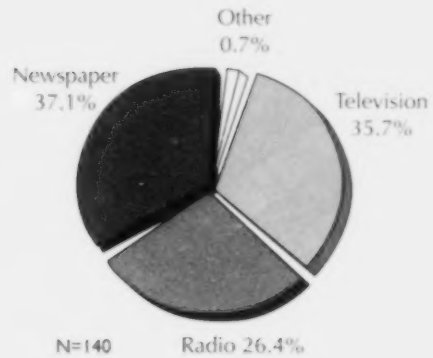
MARKETING

Public Service announcements have appeared on a monthly basis in the two major Winnipeg newspapers, totalling 121 advertisements with 38 of these related to AFM courses. Also, several ad spaces pertaining to gambling were placed in Asian community newspapers and local ethnic radio stations.

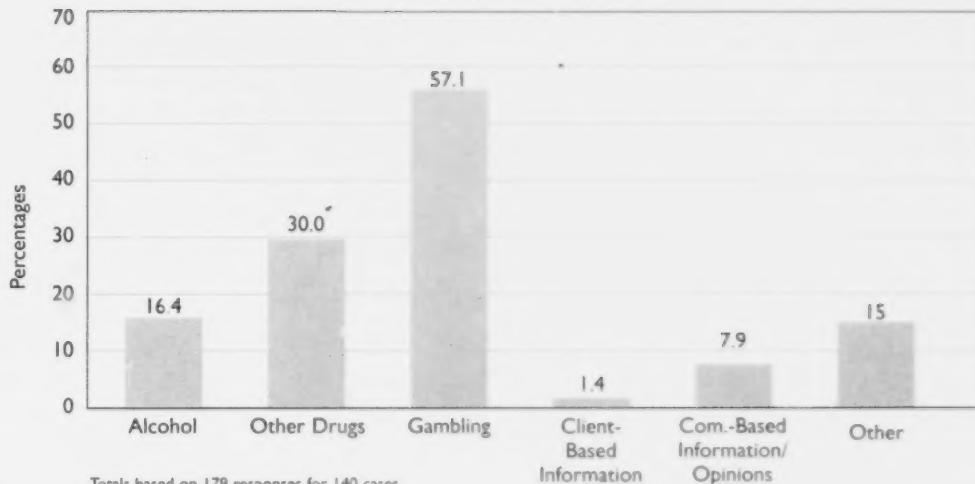
MEDIA SERVICES

The charts on this page illustrate the type of media contact and the topics covered.

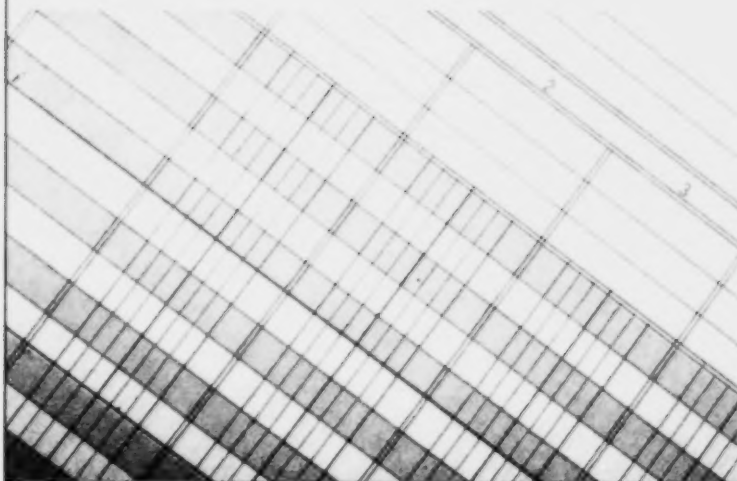
**2003-04 AFM Media Tracking:
Media Type**



**2003-04 AFM Media Tracking:
Topic of Contact**



FINANCIAL STATEMENTS



FINANCIAL STATEMENTS MARCH 31, 2004

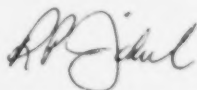
30

**ADDICTIONS FOUNDATION
OF MANITOBA***(incorporated under the laws of Manitoba)***Financial Statements****March 31, 2004**

The accompanying financial statements are the responsibility of management and have been prepared in accordance with accounting policies stated in Note 2 to the financial statements. In management's opinion, the financial statements have been properly prepared within reasonable limits of materiality, incorporating management's best judgement regarding all necessary estimates and all other data available.

Management maintains internal controls to provide reasonable assurance of the reliability and accuracy of the financial information and that the assets of the Foundation are properly safeguarded.

The responsibility of the Auditor and their staff is to express an independent professional opinion on whether the financial statements are fairly presented. The Auditor's report outlines the scope of the audit examination and provides the audit opinion.

_____
Chief Executive Officer_____
Director, Finance_____
July 4, 2004_____
Date

June 1, 2004

Auditors' Report

To the Board of Governors of Addictions Foundation of Manitoba

We have audited the balance sheet of **Addictions Foundation of Manitoba** as at March 31, 2004 and the statements of revenue and expenses, changes in net assets, and cash receipts and cash disbursements for the year then ended. These financial statements have been prepared for filing with various regulatory authorities. These financial statements are the responsibility of the Foundation's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Foundation as at March 31, 2004 and the results of operations and its cash flows for the year then ended in accordance with the accounting policies described in note 2 to the financial statements.

These financial statements, which have not been, and were not intended to be, prepared in accordance with Canadian generally accepted accounting principles, are solely for the information and use of the Board of Governors of Addictions Foundation of Manitoba and for filing with various regulatory authorities. The financial statements are not intended to be and should not be used by anyone other than the specified users or for any other purpose.

PricewaterhouseCoopers LLP
Chartered Accountants

Addictions Foundation of Manitoba

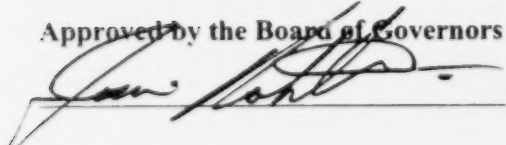
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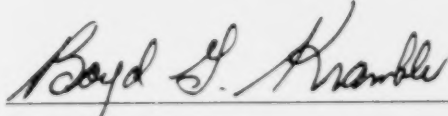
Balance Sheet

As at March 31, 2004

	2004 \$	2003 \$
Assets		
Current assets		
Cash	2,293,882	1,260,880
Accounts receivable	195,305	195,444
Prepaid insurance	14,697	12,740
Total current assets	2,503,884	1,469,064
Capital assets (note 3)	2,759,509	2,914,658
Province of Manitoba vacation pay receivable (note 2)	667,567	667,567
Province of Manitoba severance pay receivable (note 2)	1,153,316	1,153,316
Province of Manitoba long-term pension funding commitments (note 2)	12,344,417	11,375,070
Total non-current assets	16,924,809	16,110,611
Total assets	19,428,693	17,579,675
Liabilities		
Current liabilities		
Accounts payable and accrued liabilities	899,575	385,363
Accrued vacation pay (note 2)	940,611	937,491
Deferred contributions (note 4)	46,700	101,500
Total current liabilities	1,886,886	1,424,354
Accrued severance pay (note 2)	1,435,499	1,334,821
Provision for employee pension benefits (note 2)	12,344,417	11,375,070
Total non-current liabilities	13,779,916	12,709,891
Total liabilities	15,666,802	14,134,245
Net Assets		
Net assets invested in capital assets	2,759,509	2,914,658
Net assets internally restricted (note 5)	1,179,800	776,800
Unrestricted net assets	(177,418)	(246,028)
	3,761,891	3,445,430
	19,428,693	17,579,675

Approved by the Board of Governors


Chairman


Treasurer

Addictions Foundation of Manitoba

Statement of Revenue and Expenses

For the year ended March 31, 2004

	2004 \$	2003 \$
Revenue		
Government of the Province of Manitoba operating grant	12,834,700	11,741,600
Government of the Province of Manitoba long-term pension revenue (note 2)	930,242	915,041
Other revenue		
Impaired Drivers Program fees	642,638	571,625
Manitoba Lotteries Corporation Funding	2,027,000	1,811,900
School Support Program	330,300	237,600
Recovery of wages, medical and treatment services and travel expenses	842,596	593,114
Training course fees	96,984	92,387
Donations	18,248	10,803
Interest	70,661	54,232
Property rental	27,180	30,125
Manitoba Health capital funding	81,980	92,987
Parking rentals	17,890	17,929
Manitoba Government and General Employees' Union	6,627	3,427
Miscellaneous	17,212	13,818
Conferences	17,410	47,357
Youth Residential Programs	296,949	301,526
	18,258,617	16,535,471
Expenses (Schedule)	17,942,156	17,030,755
Excess (deficiency) of revenue over expenses	316,461	(495,284)

Addictions Foundation of Manitoba

Schedule of Expenses

For the year ended March 31, 2004

	2004 \$	2003 \$
Salaries	9,511,209	9,186,725
Wages	1,935,072	1,659,713
Advertising and exhibits	69,548	65,979
Amortization	185,210	198,846
Audio-visual aids	32,560	23,495
Audit	10,250	8,750
Board of Governors' honorarium	17,928	12,579
Books, newspapers and periodicals	33,952	31,114
Courier and freight	26,364	26,835
Educational literature	147,808	113,788
Employee benefits	1,035,975	997,474
Fees	435,310	370,681
Food supplies	304,405	296,070
Health and post secondary education tax levy	235,236	230,031
Household supplies	75,942	67,261
Materials, repairs and maintenance	605,613	538,771
Medical services and supplies	249,275	233,654
Miscellaneous	19,946	13,770
Pension (note 2)	1,394,975	1,344,445
Postage and telephone	290,243	288,435
Printing, stationery and office supplies	261,285	248,892
Rent, insurance and property taxes	354,743	351,719
Staff development	53,997	57,494
Training	18,898	26,458
Transportation of patients	17,762	15,884
Travel and automobile	411,407	437,025
Utilities	207,243	184,867
	<u>17,942,156</u>	<u>17,030,755</u>

Addictions Foundation of Manitoba

Statement of Changes in Net Assets

For the year ended March 31, 2004

	2004			2003	
	Invested in capital assets \$	Internally restricted \$	Unrestricted \$	Total \$	Total \$
Balance - Beginning of year	2,914,658	776,800	(246,028)	3,445,430	3,940,714
Excess (deficiency) of revenue over expenses	(185,210)	-	501,671	316,461	(495,284)
Investment in capital assets	30,061	-	(30,061)	-	-
Internally imposed restrictions (note 5)	-	403,000	(403,000)	-	-
Balance - End of year	2,759,509	1,179,800	(177,418)	3,761,891	3,445,430

Addictions Foundation of Manitoba

Statement of Cash Receipts and Cash Disbursements

For the year ended March 31, 2004

	2004 \$	2003 \$
Cash provided by (used in)		
Operating activities		
Cash receipts from the Government of the Province of Manitoba	12,834,700	11,741,600
Other cash receipts	4,439,014	3,977,492
Cash paid to employees and suppliers	<u>(16,210,651)</u>	<u>(15,695,747)</u>
	1,063,063	23,345
Investing activities		
Purchase of capital assets	<u>(30,061)</u>	<u>(86,132)</u>
Excess (deficiency) of cash receipts over cash disbursements	1,033,002	(62,787)
Cash - Beginning of year	<u>1,260,880</u>	<u>1,323,667</u>
Cash - End of year	<u>2,293,882</u>	<u>1,260,880</u>

Addictions Foundation of Manitoba

Notes to Financial Statements

March 31, 2004

1 Nature of the Foundation

The Foundation is incorporated under the Addictions Foundation of Manitoba Act. The Foundation is the provincial authority responsible for providing prevention, education and treatment programs related to addictions to individuals and communities; for conducting research into the negative effects of addictions; and in so doing, for promoting the health and well-being of Manitobans. In this respect, the Foundation is dependent upon funding from the Government of the Province of Manitoba. The Foundation is a registered charity within the meaning of the Income Tax Act.

2 Significant accounting policies

The financial statements have been prepared in accordance with the significant accounting policies as set out below. Transactions and balances not specifically addressed by these accounting policies have been accounted for in accordance with Canadian generally accepted accounting principles.

Basis of accounting

The primary purpose of these financial statements is to meet the requirements of the Addictions Foundation of Manitoba Act to produce an annual report and to meet the specific needs of the Province of Manitoba (the Province). Therefore, these financial statements are not for a general purpose and as such were not intended to be prepared on the basis of Canadian generally accepted accounting principles (GAAP). The Foundation would be required to modify the way it has accounted for pensions and severance pay obligations had the financial statements been prepared solely under Canadian GAAP.

Net assets internally restricted

Net assets internally restricted represent commitments for future expenditures on projects and capital expenditures approved in the current year. At the time the commitments are settled, expenditures are recorded in the balance sheet or statement of revenue and expenses as appropriate and the restrictions are reversed.

Addictions Foundation of Manitoba

Notes to Financial Statements

March 31, 2004

Province of Manitoba vacation pay receivable

The Foundation records a liability with respect to vacation pay entitlements accrued and unused as at year end. This amount is based on current remuneration.

The Foundation was instructed by the Province to record a receivable from the Province and accrue vacation pay liability as at March 31, 1995 for the amount of \$667,567. Any subsequent variances in the vacation pay liability are recorded in the statement of revenue and expenses as the receivable from the Province will remain fixed.

Province of Manitoba severance pay receivable

The Foundation is obligated to pay its employees severance pay upon their retirement. The accrued severance pay liability is determined based on actuarial probability factors established by the Province.

The Foundation was instructed by the Province to record a receivable from the Province and accrue severance pay liability as at April 1, 1998 for the amount of \$1,153,316. Any subsequent variances in the severance pay liability are recorded in the statement of revenue and expenses as the receivable from the Province will remain fixed.

Province of Manitoba long-term pension funding commitments

Since April 1, 2000, the Foundation records an obligation with respect to the pension plan which certain employees of the Foundation participate in. This obligation is determined by an actuarial valuation every three years with the liability for the intervening years determined using formulas provided by the actuary.

Since April 1, 2000, the Foundation has been instructed by the Province to record a receivable from the Province equal to the amount of the provision for employee pension benefits. The increase in the pension receivable is recorded as Government of the Province of Manitoba long-term pension revenue.

Pension costs

In accordance with the provisions of the Manitoba Civil Service Superannuation Act, the Foundation contributes approximately 50% of the pension disbursements made to retired employees of the Foundation. Pension costs for the year include the amount of this contribution as well as the increase in the unfunded pension liability during the fiscal year.

The pension liability is determined by an actuarial valuation every three years with the liability for the intervening years determined using formulas provided by the actuary. The most recent valuation is as at December 31, 2001.

Addictions Foundation of Manitoba

Notes to Financial Statements

March 31, 2004

For all new employees hired on or after October 1, 2002, the Foundation is required to pay to the Province a contribution as follows:

- 5.1% at pensionable earnings up to yearly maximum pensionable earnings (YMPE); plus
- 7% on pensionable earnings in excess of YMPE.

The Foundation recognizes a reduction in the Government of the Province of Manitoba long-term pension revenue for this equivalent contribution as incurred.

Capital assets

Purchased capital assets are recorded at cost and contributed capital assets are recorded at their fair value at the date of contribution. Amortization is provided at the following annual rates:

Buildings	5% declining
Computer equipment	30% declining
Furniture and equipment	20% declining
Leasehold improvements	5% declining

Revenue recognition

The Foundation follows the deferral method of accounting for contributions. Restricted contributions are recognized as deferred contributions on the balance sheet until the year in which the related expenses are incurred, at which time they are recognized as revenue. Unrestricted contributions are recognized as revenues when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured. With respect to recovery of wages, medical and treatment services, revenue is recognized upon completion of the related treatment.

Addictions Foundation of Manitoba

Notes to Financial Statements

March 31, 2004

3 Capital assets

	2004		2003	
	Cost \$	Accumulated amortization \$	Cost \$	Accumulated amortization \$
Land	535,065	-	535,065	-
Buildings	3,875,430	2,355,021	3,867,430	2,275,302
Computer equipment	505,206	349,753	497,947	284,687
Furniture and equipment	160,497	101,763	145,695	87,120
Leasehold improvements	621,425	131,577	621,425	105,795
	<u>5,697,623</u>	<u>2,938,114</u>	<u>5,667,562</u>	<u>2,752,904</u>
Net book value		<u>2,759,509</u>		<u>2,914,658</u>

4 Deferred contributions

	2004 \$	2003 \$
Balance - beginning of year	101,500	17,725
Add: Amount received in the current year related to the following year	46,700	101,500
Less: Amount recognized as revenue in the current year	<u>(101,500)</u>	<u>(17,725)</u>
Balance - end of year	<u>46,700</u>	<u>101,500</u>

Addictions Foundation of Manitoba

Notes to Financial Statements

March 31, 2004

5 Net assets internally restricted

	2004 \$	2003 \$
Balance - beginning of year	776,800	875,900
Operations		
Internal restrictions settled in the current year	(136,500)	(113,732)
Internal restrictions imposed for future years	539,500	14,632
	403,000	(99,100)
Balance - end of year	1,179,800	776,800

Internal restrictions have been imposed for the following:

	2004 \$	2003 \$
Client Database Software Project	-	30,000
Adult Prevalence Gambling Survey	80,000	-
Information Technology Project	273,800	-
Ontario Health Referrals potential cancellation	325,000	325,000
Pathways to a Healthier Workplace Conference	15,400	21,900
Provincial Technology Program	150,000	100,000
School-based Alcohol and Drug Survey	50,000	-
Youth Residential Program - Stabilization Fund	-	100,000
Youth Services	206,400	199,900
Accreditation Project	40,000	-
Human Resources Leave Management Project	20,000	-
Student Assistance Program Conference	19,200	-
	1,179,800	776,800

Addictions Foundation of Manitoba

Notes to Financial Statements

March 31, 2004

6 Commitments

Leases

The Foundation leases buildings and equipment under long-term operating leases which expire at various dates between 2005 and 2013. Certain leases contain renewal options at rates to be negotiated. Future minimum lease payments required under operating leases that have initial lease terms in excess of one year are as follows:

	\$
2005	160,767
2006	141,681
2007	112,332
2008	88,405
2009 - 2013	<u>78,571</u>
	<u>581,756</u>

7 Contingencies

As at March 31, 2004, there are two legal claims against the Foundation. The potential liability, if any, to the Foundation is currently not determinable.

